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SERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on November 14, 2003

Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. OR00-01101

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF	)
	) Examiner: To, Baoquoc N.
Daniel ManHung Wong	)
	) Group Art Unit: 2172
Serial No. 09/559,206	)
	RECEIVED
Filing Date: April 26, 2000	)
	) NOV 2 0 2003
For: REFORMING QUERIES TO SELECTIVELY	)
AUDIT ACCESSES TO ROWS WITHIN	Technology Center 2100
A RELATIONAL DATABASE	)

## **AMENDMENT TRANSMITTAL LETTER**

M/S: Non-Fee Amendment Assistant Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

me iono	wing papers.			
[x]	Response under 37 C.F.R. § 1.111 to official action mailed November 5, 2003.			
[]	A petition for extension of time is also enclosed with a fee of $$0.00$ for a			
	month extension for a small entity.			
[]	Terminal disclaimer under 37 C.F. R. § 1.321(c), including			
	[] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and			
	[] 2 certificates under 37 C.F.R. § 3.73(b).			
[]	Information disclosure statement, form 1449 and references.			

[x] No additional claims fees are required.

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[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims		MINUS = 20	0	x \$18 =			
Independent Claims		MINUS = 3	0	x \$84 =			
If Amendment adds mult							
Total Amendment Fee							
If small entity status is claimed, subtract 50% of Total Amendment Fee							
TOTAL ADDITIONAL	\$0.00						

[]	A check in	the amount of \$	_ is enclosed.
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- [] Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. OR00-01101).

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Respectfully submitted,

Ву

Edward J. Grundler Registration No. 47,615

Date: November 14, 2003

